

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3						
4		1				
5						
6		1				
7						
8						
9						
10		1				
11						
12		1				
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45		1				
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	32					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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